

INITIAL CERT TRAINING -- STUDENT CLASSES EVALUATION QUESTIONNAIRE

This questionnaire is for use for ALL Initial CERT training classes.

This questionnaire is to be distributed at the beginning of the first class. It is to be completed by each student at the end of each class.

The instructor will collect all questionnaires after they are completed at the end of each class.

The instructor is to return all student's questionnaires at the beginning of each of the remaining classes.

NAME _____

Class Number _____

Class Dates _____

Initial CERT Classes	Disaster Preparedness	Disaster Med. Ops 1	Disaster Med. Ops 2	Overview-Expert Panel	Fire Safety and Search & Rescue	Disaster Psychology	Terrorism & CERT	Course Review/ Disaster Simulation
CLASS DATES								
INSTRUCTOR(s)								
Printed Materials. Please answer the following Y=yes, N=no:								
Did you receive any?								
If yes, was the information complete and well organized								
Audio-Visual Materials. Please answer the following Y=yes, N=no:								
Were there any								
Were they of good quality and related to the course								

You may choose to use the back of this page to offer comments and suggestions to those who are concerned with your CERT training for your disaster preparedness for yourself, your family and others.

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Instructors. Please rate the following questions from 1 to 5. (1 = Poor, 3 = Average, and 5 = Excellent)

Knew course material								
Used time well								
Covered material well								
Encouraged participation								
Answered questions completely								
Used instructional materials effectively								
Encouraged student interaction								

Course. Please answer the following Y=yes, N=no

Contained useful hands-on activities								
Covered the material								
Was worth recommending to others								
Contributed to your confidence and skills								

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1. What would you like to have offered in future classes?

2. Do you think "self study" sessions (no instructors) would be helpful; and, if so, on what subjects or topics? *Note: self study sessions are NOT Skills Sustainment training and do NOT count toward fulfilling annual CERT training requirement.*

3. Would you like to be considered as an instructor, and, if so, on what subjects or topics? ____ (Y or N) *If yes, please list subjects, certifications or qualifications. All instructors teaching CERT classes are subject to CEMA approval.*

4. Would you be willing to act as an instructor's assistant? (Y or N) ____
If yes, please list subjects, certifications or qualifications and sign your name.

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Your signature to such comments or suggestions is optional.*